

Is the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

Allen B. Daniels
c/o LDL Coastal Limited, L.P.
1177 West Loop South, Suite 1725
Houston, TX 77027

7001 0360 0003 6675 7799

b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10-24-03

5. Received By: (Print Name)

L. Watson

6. Signature: (Addressee or Agent)

X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS

PS Form 3811, December 1994

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Barbara Nann
U.S. EPA (6RC-S)
1445 Ross Avenue
Dallas, TX 75202

RECEIVED
OCT 29 2003

APCS SUPERFUND
REGIONAL COUNSEL

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